



320 SERVICES WITH SPECIAL CIRCUMSTANCES

320-A AFFILIATED PRACTICE DENTAL HYGIENIST POLICY

INITIAL

EFFECTIVE DATE: 04/01/2007

Description. AHCCCS covers oral health care services as described in Chapter 400, Policy 430, EPSDT services. As allowed by State law, A.R.S. §32-1281 and §32-1289, and described in this policy, dental hygienists with an affiliated practice agreement, may provide dental hygiene services to AHCCCS members eighteen years of age and younger.

Amount, Duration and Scope. AHCCCS covers dental hygiene services provided by Arizona licensed dental hygienists subject to the terms of the written affiliated practice agreement entered into between a dentist and a dental hygienist.

Each affiliated dental hygienist, when practicing under an affiliated practice relationship may perform only those duties specified within the terms of the affiliated practice relationship and they must maintain an appropriate level of contact, communication and consultation with the affiliated practice dentist.

In addition to the requirements specified in ARS §32-1281 and §32-1289, AHCCCS requires the following:

1. Both the dental hygienist and the dentist in the affiliated practice relationship must be registered AHCCCS providers.
2. The affiliated practice dental hygienist must maintain individual patient records of AHCCCS members in accordance with the Arizona State Dental Practice Act. At a minimum this must include member identification, parent/guardian identification, signed authorization (parental consent) for services, patient medical history and documentation of services rendered.
3. The affiliated practice dental hygienist must register with AHCCCS and bill for services under his or her individual AHCCCS provider identification number / NPI number.
4. The affiliated practice dental hygienist will only be reimbursed for providing services in accordance with State regulations, AHCCCS policy and provider agreement, and their affiliated practice agreement.



320-B AHCCCS MEMBER PARTICIPATION IN EXPERIMENTAL TREATMENT

REVISION DATES: 03/01/09, 06/01/07, 07/01/04, 10/01/01

INITIAL

EFFECTIVE DATE: 10/01/1994

Description. AHCCCS members who are enrolled with a Contractor, or are receiving services on a fee-for-service (FFS) basis, may participate in experimental treatment, but AHCCCS will not reimburse for the experimental treatment.

Amount, Duration and Scope. If the experimental treatment provided to an AHCCCS member requires laboratory or imaging services, inpatient or other medical services, AHCCCS will not cover the additional services. Coverage of care associated with complications resulting from the experimental treatment will be considered on an individual basis. Participation in experimental treatment will not result in the loss of the member's other benefits.

The member's primary care provider must not have any financial interest in the experimental treatment and cannot accept a finder's fee for referral of a member to participate in the experiment.

Any individual expected to assess the appropriateness of services for the member cannot have a financial interest in conducting the experimental treatment, or its outcome.

Participation in a U.S. Food and Drug Administration Phase I or Phase II clinical trial must be approved by the member's Contractor, or by the AHCCCS Chief Medical Officer. If a Contractor approves participation of one or more members in an experimental trial, it must provide notice to AHCCCS/Division of Health Care Management (DHCM), Medical Management Unit, which includes assurance that the member's rights are protected. FFS member participation will be evaluated for approval by the AHCCCS Medical Director. The basis for approval will include:

1. Verification that full financial liability for the experimental treatment is taken by the researcher or the sponsor, and documentation indicates that the costs associated with the experimental treatment and direct complications will not be charged to, or paid by, AHCCCS